Complete Form, Print, Sign and Mail to:

Public Service Commission of South Carolina
101 Executive Center Dr., Suite 100
Columbia, SC 29210

2018-342E
279467

Phone: 803-896-51XX
Fax: 803-896-51XX
www.psc.sc.gov
Text PSCAGENDAS to 3949X
To receive an alert when Meeting Agendas are released

Individual Complaint Form

Date*: 10/26/2018

RECEIVED
OCT 2 9 2018
PSC SC
CLERK'S OFFICE

Complainant or Legal Representative Information:	* Required Fields
Name *	Herbert F Goforth
Firm (if applicable)	
Mailing Address *	1990 Fowler Rd
City, State Zip *	Woodruff, SC 29388	Phone * 864-433-0763
E-mail	lwkfrd@gmail.com

Name of Utility Involved in Complaint: * Duke Energy Co

Type of Complaint (check appropriate box below.) *

- [x] Billing Error/Adjustments
- [ ] Disconnection of Service
- [ ] Service Issue
- [ ] Other (be specific)
- [ ] Deposits and Credit Establishment
- [ ] Payment Arrangements
- [ ] Meter Issue
- [ ] Wrong Rate
- [ ] Water Quality
- [ ] Refusal to Connect Service
- [ ] Line Extension Issue

Have you contacted the Office of Regulatory Staff (ORS)? * [x] Yes [ ] No **Name of ORS Contact:** Brad Kirby

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

I received my statement for electrical service from Duke Energy 8/25/2018 that showed my usage as 400% of normal. I contacted customer service and was directed to check my readings to see if it was still running high. They were normal. Mr Thomason sent me a copy of my usage for a one year period. This showed my readings went haywire on 7/15/2018 and continued for 44 consecutive days ending the day I contacted customer service. Copies of these readings were included in my contact with the Regulatory Staff

Two men came to test my meter on 10/2/2018. They tested it under low and normal load and it checked normal. All readings after 8/26 were

Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)

I request my billing for services 7/15/2018 through 8/26/2018 be adjusted to my normal usage and a refund of my overpayments for the three billing periods involved be refunded.

I GIVE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA PERMISSION TO PUBLISH THIS COMPLAINT AND ITS CONTENTS ON THE COMMISSION'S WEBSITE (dms.psc.sc.gov), AND I UNDERSTAND SUCH INFORMATION MAY BE SUBJECT TO PUBLIC SCRUTINY OR FURTHER RELEASE. [x] Yes [ ] No

Herbert F Goforth
Complainant's Signature* (MUST BE SIGNED, DO NOT PRINT)

STATE OF SOUTH CAROLINA)
COUNTY OF _____)
)

VERIFICATION

I, **Herbert F Goforth** verify that I have read my complaint filed on 10/26/20
Complainant's Name *   Date *

and know the contents thereof, and that said contents are true.

Herbert F Goforth
Complainant's Signature * (MUST BE SIGNED, DO NOT PRINT)

Internal Use Only	
Processed By	Date
H.E.	